



## Department of Motor Vehicle Safety

Motor Vehicle Section

1200 Tradeport Blvd., Hapeville, GA 30354

Post Office Box 161227

Atlanta, GA 30321

Phone #(404) 362-6474 FAX# (404) 363-7587

[www.gadmvs.com](http://www.gadmvs.com)

### APPLICATION FOR INTERSTATE EXEMPT<sup>1</sup> AUTHORITY

## INSTRUCTIONS

- ♦ Have your insurance company file a Form E (Proof of commercial liability and property damage insurance) with the Department of Motor Vehicle Safety. THE NAME AND ADDRESS ON THE FORM E MUST READ EXACTLY AS APPLICATION READS. A Form E must be on file before the Department of Motor Vehicle Safety will grant authority.
- ♦ Complete and sign Form A-1. On the *Applicant* line, include the ownership of the company and any DBA (Doing Business As) name. Ex: Robert Smith, dba Smith Trucking or ABC Enterprise Inc., dba ABC Trucking.
- ♦ Include \$25.00 registration fee in the form of a MONEY ORDER, CASHIER'S CHECK, OR CERTIFIED CHECK. *NO COMPANY CHECKS OR PERSONAL CHECKS WILL BE ACCEPTED.* No cash will be accepted in the mail. No refunds will be issued.
- ♦ Fill out and sign Form B-1 and remit \$5.00 per vehicle in addition to the \$25.00 registration fee. No refunds will be issued.
- ♦ Form A-1 application must be notarized by a Notary Public.
- ♦ If you are a corporation, attach a copy of your Certificate of Incorporation.
- ♦ If your principal place of business is not located in the State of Georgia, your application must show a Process Agent. Process Agents must have a physical address, not a P.O. Box.
- ♦ Order supply of D-1 Uniform Identification Cab Cards direct from:  
N.A.R.U.C., 1101 VERMONT N.W., SUITE 200 WASHINGTON, D.C. 20005 (.50 EACH).
- ♦ If you do not have a U.S. DOT number, please call 404-562-3620 or 1-800-832-5660 for an application.

INCOMPLETE APPLICATIONS WILL BE RETURNED

Please allow 3 to 4 weeks for processing.

APPLICATION MUST BE ACCOMPANIED BY CASHIER'S CHECK, CERTIFIED CHECK, U.S. POSTAL MONEY ORDER OR EXPRESS MONEY ORDER, PAYABLE TO "DEPARTMENT OF MOTOR VEHICLE SAFETY" IN THE SUM OF \$25.00.  
COMPANY CHECKS OR PERSONAL CHECKS WILL NOT BE ACCEPTED. CASH WILL NOT BE ACCEPTED IN THE MAIL.

<sup>1</sup> Crossing state lines with commodities exempt from the Federal Motor Carrier Safety Administration regulations. Some examples of exempt commodities include ordinary livestock, fish and unmanufactured agricultural commodities. If you are unsure if the commodities you are transporting are exempt, contact the FMCSA at (202) 358-7106 or 7108.



**FORM A-1**  
**UNIFORM APPLICATION FOR REGISTRATION OF INTERSTATE OPERATIONS EXEMPT**  
**FROM ECONOMIC JURISDICTION OF FMCSA**

MAIL TO: **DEPARTMENT OF MOTOR VEHICLE SAFETY**  
**MOTOR VEHICLE SECTION**  
**POST OFFICE BOX 161227**  
**ATLANTA, GA 30321**

DATE: \_\_\_\_\_

APPLICANT:

NAME: \_\_\_\_\_

D/B/A (DOING BUSINESS AS): \_\_\_\_\_

Does your company have a U.S. DOT Number ( ) Yes ( ) No ( ) Applied For  
If Yes, please give your U.S. DOT Number \_\_\_\_\_  
Does your company hold authority from the Federal Highway Administration? ( ) Yes ( ) No  
If Yes, please give your ICC MC number \_\_\_\_\_

PRINCIPAL PLACE OF BUSINESS ADDRESS:

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: (IF DIFFERENT THAN BUSINESS ADDRESS ABOVE)

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

TYPE OF OPERATIONS:

( ) **I.C.C. EXEMPT COMMODITIES (SEC. 203 (B) (6) Interstate Commerce Act)**

( ) **OTHER (Explain)** \_\_\_\_\_

TYPE OF MOTOR CARRIER: (CHECK ONE)

( ) **INDIVIDUAL** ( ) **PARTNERSHIP** ( ) **CORPORATION**

**IF CORPORATION, ATTACH COPY OF CERTIFICATION FROM SECRETARY OF STATE OR OTHER AGENCY IN STATE WHERE INCORPORATED WHICH SHOWS APPROVAL OF CORPORATE NAME AND GIVE STATE IN, WHICH INCORPORATED:** \_\_\_\_\_

LIST NAMES OF PARTNERS OR OFFICERS:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PROCESS AGENT FOR STATE (THIS PART MAY BE OMITTED IF APPLICANT IS A GEORGIA RESIDENT)

NAME: \_\_\_\_\_ STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (State penalties as prescribed by law.)

Subscribed and sworn to before me,

This \_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Notary Public)



# FORM B-1

Commercial Vehicle Permits – (404) 363-6484

## UNIFORM APPLICATION FOR REGISTRATION AND IDENTIFICATION OF VEHICLES OPERATED EXEMPT FROM ECONOMIC JURISDICTION OF THE FMCSA

MAIL TO:  
Department of Motor Vehicle Safety  
Motor Vehicle Section  
Post Office Box 161227  
Atlanta, GA 30321

Date: \_\_\_\_\_  
MCA FILE NO.: \_\_\_\_\_  
(Leave blank if new carrier)  
Phone No. \_\_\_\_\_

The described applicant hereby applies for the issuance of identification stamp(s) in the following number for the registration and identification of the vehicles, which the applicant intends to operate within the borders of this State during the period for which such identification stamp(s) is effective.

Vehicles operating under exemptions in Section 13506 of the Interstate Commerce Act

### 2002 Vehicle Identification Stamps

\_\_\_\_\_ \$5.00 Vehicle Identification Stamp (for use in identifying and registering  
NO. OF \$5.00 ALL vehicles to be operated purely in interstate commerce in Georgia).  
STAMPS ORDERED (ALLOW 3 TO 4 WEEKS FOR DELIVERY)

\$ \_\_\_\_\_  
FEE ENCLOSED **NOTE: ONLY CERTIFIED CHECKS, CASHIER'S CHECKS OR MONEY ORDERS  
MADE PAYABLE TO: "DEPARTMENT OF MOTOR VEHICLE SAFETY" WILL BE  
ACCEPTED. COMPANY OR PERSONAL CHECKS WILL NOT BE ACCEPTED**

The applicant shall not knowingly permit any other person or organization to use the identification stamp(s) issued or assigned pursuant to this application. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (Federal penalties maximum of \$10,000 fine or imprisonment for five years, or both, 18 U.S. Code 1001, State penalties as provided by law.) I hereby certify knowledge of applicable Federal and State motor carrier safety rules, regulations, standards, and orders, and declare that all operations will be conducted in compliance with such requirement.

_____	_____		
Applicant/Carrier	Street Address		
_____	_____		
Signature & Title	City	State	Zip

.....  
**IF YOU HAVE A PRINCIPLE ADDRESS AND A DIFFERENT MAILING ADDRESS, PLEASE ADVISE OF BOTH.**

**PLEASE FILL IN PORTION BELOW FOR RETURN MAIL**  
(PRINT OR TYPE ONLY)

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_